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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 240 OF 241 (check only one) 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name ar		
NAME OF COMMITTEE (In Full) Joe Kennedy for Congress		
Full Name (Last, First, Middle Initial) A. Joseph Tucci		Date of Disbursement
Mailing Address EMC Corp 176 South St		06 26 2013
City State Zip Code Hopkington MA 01748		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution refund expense		2600.00 Transaction ID : D425429
Candidate Name Office Sought: House Disbursement	Categor Type	y/
Senate Prima President Othe		
State: District: Full Name (Last, First, Middle Initial)		
Mailing Address		Date of Disbursement
City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		Authority of Each Disputerment this Ferrod
Candidate Name Categor		y/
Office Sought: House Disbursement Senate President Othe		
State: District:		
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		M M / D D / Y Y Y
City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Categor Type	y/
Office Sought: House Disbursement Senate President Othe		
State: District:		
		2600.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2600.00